
Default Question Block

The purpose of this questionnaire is to help us better understand why kittens sometimes suck on other kittens. This is a research project being conducted by researchers at the School of Veterinary Medicine at the University of California at Davis. You are invited to participate in this research project because you are **currently** fostering kittens.

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this questionnaire, you may withdraw at any time.

Your participation will involve filling an online survey about your foster kittens that will take approximately 15 minutes. Your responses will be confidential and we do not collect identifying information about you.

If you have any questions about the research study, please contact Dr. Mikel Delgado at catstudy@ucdavis.edu or Dr. Tony Buffington at drbuffington@ucdavis.edu.

ELECTRONIC CONSENT: Please select your choice below.

Clicking on the "Agree" button below indicates that:

- you have read the above information
- you voluntarily agree to participate
- you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "Disagree" button.

☐ **Agree**

☐ **Disagree**

Thank you for participating in our study about kitten sucking behavior.

What is kitten sucking?

Kitten sucking is when a kitten is sucking on a body part of another kitten in their litter. The sucking kitten will look like they are “nursing” as they would on their mother’s nipple or, if bottle-feeding, the bottle’s nipple. Some common things you may see physically are “sucker faces” (pictures provided below) where the fur is pushed back and dirty from sucking on another kitten, and on the victim, you may see inflamed, red, raw skin in the area that the sucker had been targeting.



Are you currently fostering a litter/group of kittens who are sucking on other kittens and/or being sucked on by other kittens?

- ☐ Yes
- ☐ No

How many kittens are part of this group or litter? (select from drop down menu)

Are the kittens all related?

- ☐ Yes, same mom

- ☐ No, kittens co-housed but not related
- ☐ Not sure

Do you know the kittens' exact date of birth?

- ☐ Yes
- ☐ No

Please tell us about the kittens you are fostering in this litter/group (you can enter information for up to eight kittens). Please fill out as much of this entire table as you can.

	Name	Approximate age (in days)	Current weight (please specify if in grams or ounces)	Sex (M/F/Unknown)	Sucking on other kittens (Y/N)	Being sucked on by other kittens (Y/N)
Kitten 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitten 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitten 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitten 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitten 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitten 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitten 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitten 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are any of these kittens recent additions to the group? If so, which ones?

- ☐ Yes, added kittens:

- ☐ No, all kittens were part of the original group since I have started fostering them

Did any of kittens who were part of this group/litter pass away? If so, how many?

- ☐ Yes, number of kittens who died
- ☐ No

Were any other kittens in this group/litter removed for other reasons? If so, how many?

- ☐ Yes, number of kittens removed from group
- ☐ No

How many days have you been fostering these kittens?

Are the kittens currently with their mother?

- ☐ Yes
- ☐ No - approximate date of separation from mother if known

Are the kittens currently bottle-fed?

- ☐ Yes, exclusively
- ☐ Yes, bottle fed and from a bowl (weaning)
- ☐ No

What brand of feeding nipples do you use for this litter? (Check all that apply)

- ☐ Miracle Nipples
- ☐ Pet Ag
- ☐ GNC Pets Newborn kit
- ☐ Well & Good Kitten Nursing Bottle
- ☐ Catac Foster Feeding Bottle Kit
- ☐ Hartz Pet Nursing Bottle
- ☐ Other (please name brand):

Which of the following do you use for feeding?

- ☐ A bottle
- ☐ A syringe
- ☐ Both a bottle and a syringe

How many days ago (approximately) was a bowl, plate, or similar feeding container introduced to this group/litter of kittens for feeding and drinking?

Which of the following do you use for feeding?

- ☐ A bottle
- ☐ A syringe
- ☐ Both a bottle and a syringe

If kittens are not currently bottle-fed, were they previously bottle-fed?

- ☐ Yes
- ☐ No

What brand of feeding nipples did you use for this litter? (Check all that apply)

- ☐ Miracle Nipples
- ☐ Pet Ag
- ☐ GNC Pets Newborn kit
- ☐ Well & Good Kitten Nursing Bottle
- ☐ Catac Foster Feeding Bottle Kit
- ☐ Hartz Pet Nursing Bottle
- ☐ Other (please name brand):

Which of the following did you use for feeding?

- ☐ A bottle
- ☐ A syringe
- ☐ Both a bottle and a syringe

How many times a day are these kittens currently fed?

Are these kittens fed on a schedule?

☐ Yes

☐ No

What is the feeding schedule for these kittens?

☐ Every 2 hours

☐ Every 3 hours

☐ Every 4 hours

☐ Every 6 hours

☐ Other (please describe)

Please describe when these kittens are fed (e.g., when they cry, at your convenience, free-fed or other)?

What are these kittens fed and approximately how much of each type of food are they fed? Check all that apply:

☐ Formula: Brand and amount

☐ Wet food: Brand and amount

☐ Dry food: Brand and amount

☐ Other: Please describe type and amount

Are the kittens being stimulated to eliminate (urinate/defecate)?

☐ Yes

☐ No, the kittens are eliminating on their own

Do the kittens have any congenital/birth defects or health concerns? If so, please describe

☐ Yes

☐ No

Are the kittens currently on any medications? If so, please describe the medication and which kittens are under treatment (e.g., Kitten 2/"Pinky" - Flagyl; Kitten 4/"Felix" - amoxicillin).

☐ Yes

☐ No, the kittens are not taking any medications

How are these kittens housed? Check all that apply:

- ☐ In a plastic cat carrier
- ☐ In an incubator
- ☐ In a cardboard box
- ☐ In a plastic container
- ☐ In a large plastic dog kennel
- ☐ In a wire dog crate/cage or similar
- ☐ In a pop-up play pen
- ☐ In an open room
- ☐ The kittens have access to my entire home
- ☐ Other (please describe):

What is the approximate square footage or size of the area these kittens are housed in?

What are these kittens housed with? Check all that apply:

- ☐ Blankets or towels

- ☐ A warming pad or snuggle safe disk
- ☐ Stuffed animals
- ☐ Scratching pad
- ☐ Cat condo/climbing post
- ☐ Small toys to play with (mice, balls, etc.)
- ☐ Other (please describe):

What is the typical daytime temperature of the room these kittens are housed in?

- ☐ <70 degrees F
- ☐ 70-80 degrees F
- ☐ 80-90 degrees F
- ☐ Greater than 90 degrees F

What is the typical nighttime temperature of the room these kittens are housed in?

- ☐ <70 degrees F
- ☐ 70-80 degrees F
- ☐ 80-90 degrees F
- ☐ Greater than 90 degrees F

Is the temperature of the room these kittens are housed in kept constant?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Might or might not be
- ☐ Probably not
- ☐ Definitely not

What are the maximum and minimum daily temperatures (degrees F) in the room where the kittens are housed? Slide the bars to select values.

50 55 60 65 70 75 80 85 90 95 100 105

50 55 60 65 70 75 80 85 90 95 100 105

Maximum

Minimum

What is the lighting of the room these kittens are housed in?

- ☐ Always dark
- ☐ Always dim
- ☐ Always bright
- ☐ Natural lighting cycle (light during the day, dark at night)
- ☐ Other (please describe)

How noisy would you say your home is?

- ☐ Very quiet
- ☐ Generally quiet
- ☐ Average
- ☐ Generally loud
- ☐ Very loud

What kinds of sounds are the kittens typically exposed to? Select all that apply.

- ☐ Human voices
- ☐ White noise/fans
- ☐ Talk radio or TV
- ☐ Classical or similar music
- ☐ Louder rock music
- ☐ Household appliances (e.g., coffee grinder, vacuum, blender)
- ☐ Outside traffic (cars, motorcycles, or trains)
- ☐ Construction/tools outside (e.g., lawnmowers)
- ☐ Other (please describe):

Approximately how many minutes a day outside of feeding time do you touch or pet each kitten?

Do you brush or groom the kittens?

- ☐ Yes
- ☐ No

How often do you brush or groom the kittens?

- ☐ Multiple times a day
- ☐ At least once a day
- ☐ A few times a week
- ☐ Once a week
- ☐ Less than once a week

Do these kittens travel on a regular basis (e.g., do you bring them to work with you)?

- ☐ Yes
- ☐ No

On average, how many days a week do the kittens travel?

On average, how many minutes per day do these kittens travel?

How long ago (in days) did the sucking behavior begin?

How did you initially notice the sucking behavior? Check all that apply.

- ☐ Directly observed it

- ☐ Saw wet face on sucking kitten(s)
- ☐ Saw wet area on sucked-on kitten(s)
- ☐ Saw sores on a kitten
- ☐ Saw other wet area on kitten(s) - please identify

- ☐ Other (please describe)

What part(s) of the body is/are being sucked on? Check all that apply:

- ☐ Genitals
- ☐ Stomach
- ☐ Ears

- ☐ Other (please describe)

Did any of the kittens get sick or require medical attention due to the sucking behavior?

- ☐ Yes
- ☐ No

Please select the medical issues the kittens experienced that you believe were due to the sucking behavior. Please choose all that apply:

- ☐ Digestive problems due to ingesting urine
- ☐ Weight loss/failure to thrive
- ☐ Sores on skin
- ☐ Genital injuries
- ☐ Other, please describe:

Please select the treatments the kittens needed that you believe were due to the sucking behavior.
Please choose all that apply:

- ☐ Probiotics
- ☐ Oral antibiotics needed for injuries
- ☐ Antibiotic ointment needed for injuries
- ☐ Regular bathing
- ☐ Surgery to remove penis
- ☐ Euthanasia
- ☐ Other, please describe:

Have you noticed any of the following behaviors in the *sucking* kitten that happen before, during, or after sucking on another kitten?

	Before sucking	During sucking	After sucking
Purring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneading/massaging with paws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meowing/crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuzzling the "victim" kitten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you noticed any of the following behaviors in the *sucked-on* kitten (the "victim") that happen before, during, or after being sucked on?

Before being sucked on While being sucked on After being sucked on

	Before being sucked on	While being sucked on	After being sucked on
Purring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneading/massaging with paws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meowing/crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuzzling the sucking kitten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)			
<div></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How have you responded to/managed the sucking behavior? Check all that apply:

- ☐ Separated kittens full time
- ☐ Separated kittens part time
- ☐ Put clothing on the "victim" kitten(s)
- ☐ Put bitter apple on the "victim" kitten(s)
- ☐ Interrupt the behavior when it is observed (please describe how)

- ☐ Other (please describe)

- ☐ It is unmanaged and still happening

If the kittens were/are separated because of sucking behavior, how long were/are they separated for (hours per day)?

If the kittens were separated because of sucking behavior, have they since been reunited?

- ☐ Yes
- ☐ No

If the kittens were reunited, did they resume sucking?